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Understanding Mothers' Mental Health & Wellbeing during their transition to motherhood

Transition to parenthood/the early weeks and maternal perinatal mental health have recently been identified by the UK government as two of the six high impact areas where Health Visitors (HVs) can really make an impact in improving outcomes for children and families (DH 2009).

HVs are ideally placed to support mothers during this transition. Through delivery of their universal service, they can provide anticipatory guidance, assess for risk and signs of mental health problems, manage mild to moderate perinatal mental illness and refer on to more specialist care.

- Mood changes, irritability and episodes of tearfulness are common after giving birth. These symptoms are often known as the “baby blues”, which affect 50% of new mothers and lasts 5 to 10 days.
- If these symptoms of low mood are more persistent, then it is possible it could be postnatal depression. Depression affects 11.8% of women antenatally around 18 weeks of pregnancy (Evans et al, 2001) and 10-15% in the postnatal period (Cox et al, 1996).
- Symptoms include those of depression such as crying, feelings of helplessness, loss of appetite, as well as acute panic and anxiety, and can in some instances lead to self-harm and suicide.
- Risk factors identified as being strongly associated with postnatal depression include:
 - a lack of close confiding relationships;
 - poor marital relationships;
 - major life events/recent stresses;
 - low social support;
 - a previous psychiatric history;
 - hardship;
 - housing problems;
 - a history of abuse;
 - obstetric complications or a traumatic birth;
 - lower occupational status;
 - anxiety and depression in the antenatal period.
- Depression can cause long-term damage to the mother's self-esteem and perceived self-worth, as well as increase mother's vulnerability to future depressive disorders. Postnatal depression can have a significant effect on the development of the infant and child (Murray et al 1996) and on the father and his emotional needs, which may lead to complications in the parental relationship (Condon et al 2004).
- While postnatal depression is most common in the first six months after birth, it can continue into the second year for 33% of women and the third year for 10% of women.

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For additional fact sheets see www.ihv.org.uk

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How Health Visitors can promote mothers' mental health and wellbeing and provide support:

- Routinely ask women about their experience of becoming a mother and explore feelings and expectations, both antenatally (where possible) and at the new birth visit.
- Educate both mothers and fathers about postnatal depression so that they are able to access help if they notice any of the signs and symptoms in themselves or their partners.

- Routinely assess for risk and signs of mental health problems by asking the Whooley and GAD questions as recommended by current NICE guidance (2014). The questioning must be supported by the use of other clinical skills such as observation, listening, paraphrasing and clinical judgement to determine if the mother is at risk. Further assessment using an assessment tool such as the Edinburgh Postnatal Depression Scale (EPDS) may be used to support the finding, and always at 6-8 weeks & 3-4 months bit.ly/1s8yRqA

The tool choice may vary and will be dependent on local organisational policies. The EPDS is internationally used and respected. It is a 10 item self-report questionnaire that was developed in primary care specifically for the use of HVs with mothers and it's use is endorsed by NICE (2014).

NICE (2014) advocates the use of Whooley and GAD for initial questions and any negative response should be followed up using the EPDS or PHQ9. NICE is clear that all tools can have false positives and negatives and that it is the clinical assessment and judgement of the practitioner that is vital.

- Depending on the findings, HVs should be able to offer mothers a range of support services, as suggested by the Maternal Mental Health Pathways (DH, 2012).

For example, in severe cases such as bipolar disorder or schizophrenia, women should be referred to a specialist mental health service and their general practitioner. Whereas for mild to moderate depression, mothers can be supported by:

- Non directive counselling (listening visits) or other counselling;
- guided self-help;
- computerised cognitive behavioural therapy;
- exercise;
- referral to local support.

HVs should ensure that they are familiar with their local perinatal mental health pathways and the resources available.

- If the mother is depressed, it is important to ensure that the father has adequate support systems in place as maternal depression increases the risk of depression in fathers.
- It is very important that mothers are enabled to seek help if they are suffering from postnatal depression. Help is available in different forms including:
 - self-help advice;
 - talking therapies such as cognitive behavioural or solution focused therapy delivered by HVs or IAPT services;
 - antidepressant medication.
- Mothers could be given the following self-help measures /advice to improve their mental health and wellbeing following birth and reduce the risks of postnatal depression (Baldwin and Kelly, 2014):
 - Get as much rest and relaxation as possible.
 - Take regular gentle exercise.
 - Don't go for long periods without food because low blood sugar levels can make you feel much worse.

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- Don't drink alcohol because it can make you feel worse.
- Eat a healthy, balanced diet.
- Don't try to do everything at once. Make a list of things to do and set realistic goals.
- Talk about your worries with your partner, close family and friends.
- Contact local support groups or national helplines for advice and support.
- Don't try to be "Supermum". Avoid extra challenges either during pregnancy or in the first year after your baby is born. A new baby is enough of a challenge for most people.

- HVs should also provide mothers with details of local support groups, such as postnatal support groups (often run in Children's Centres) or national help lines for advice and support. They therefore need to be aware of all local and national services/ resources available for mothers.

Useful Resources:

Boots Family Trust Wellbeing Plan :

bit.ly/1yY2tfj

Maternal Mental Health Alliance:

bit.ly/1CV5DWa

Mind:

bit.ly/1wMEMrP

Mind telephone:

0300 123 3393

NCT:

bit.ly/1BqpuLb

Netmums Postnatal depression Support group:

bit.ly/1s8AAvZ

NHS Choices:

bit.ly/1yCYxBA

PANDAS pre and postnatal depression advice and support:

bit.ly/1G4UjFd

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